

~~IAP20 Rec'd 13 OCT PTO 09 JAN 2006~~

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**Application Data Sheet****Application Information****Application number::****Filing Date::****Application Type::****Regular****Subject Matter::****Utility****Suggested classification::****Suggested Group Art Unit::****CD-ROM or CD-R?::****None****Number of CD disks::****Number of copies of CDs::****Sequence submission?::****None****Computer Readable Form  
(CRF)?::****No****Number of copies of CRF::****Title ::****ORTHODONTIC ACTIVATOR****Attorney Docket Number::****7831.1025****Request for Early Publication?::****No****Request for Non-Publication?::****No****Suggested Drawing Figure::****Total Drawing Sheets::****3****Small Entity?::****No****Latin name::****Variety denomination name::****Petition included?::****No****Petition Type::****Licensed US Govt. Agency::****Contract or Grant Numbers::****Secrecy Order in Parent Appl.?::****No**

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## Applicant Information

**Applicant Authority Type::** *Inventor*

**Primary Citizenship** *Finland*

**Country::**

**Status::** *Full Capacity*

**Given Name::** *Katri*

**Middle Name::**

**Family Name::** *Keski-Nisula*

**Name Suffix::**

**City of Residence::** *Vaasa*

**State or Province of  
Residence::**

**Country of Residence::** *Finland*

**Street of mailing address::** *Rantakatu 11 A 14*

**City of mailing address::** *Vaasa*

**State or Province of  
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**Country of mailing  
address::** *Finland*

**Postal or Zip Code of  
mailing address::** *FI-65100*

**NOTE:** Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

# Applicant Information

**Applicant Authority Type::** *Inventor*

**Primary Citizenship** *Finland*

**Country::**

**Status::** *Full Capacity*

**Given Name::** *Juha*

**Middle Name::**

**Family Name::** *Varrela*

**Name Suffix::**

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**State or Province of**

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**Country of mailing**

**address::**

**Postal or Zip Code of**  
**mailing address::** *FI-20500*

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## Correspondence Information

**Correspondence Customer  
Number ::** 21831

**Name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing  
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## Representative Information

Representative Customer Number::	21831	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<i>This application</i>	National Stage of	PCT/FI04/00434	07/07/04

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Finland	031038	07/07/03	Yes

## Assignee Information

Assignee name:: *LM-Instruments Oy*  
Street of mailing address:: *PL 88*  
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State or Province of mailing address::  
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